

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/534172**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		3				
6		3				
7		0				
8		0				
9		0				
10	1					
11		1				
12		1				
13		1				
14			1			
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	15	←	11	←		←
TOTAL CLAIMS	17		13			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						